

---

APPLICATION DATA SHEET FORM

---

**Inventor Information**

Inventor One Given Name:: Jill  
Family Name:: O'LOUGHLIN  
Postal Address Line One::  
City:: Lincoln  
State or Province:: MA  
Country:: U.S.A.  
Postal or Zip Code:: 01773  
City of Residence:: Lincoln  
State or Province of Residence:: MA  
Country of Residence:: U.S.A.  
Citizenship Country:: United States of America

Inventor Two Given Name:: Jan  
Family Name:: BRUDER  
Postal Address Line One:: 171 Meeting Street  
City:: Providence  
State or Province:: RI  
Country:: U.S.A.  
Postal or Zip Code:: 02912  
City of Residence:: Providence  
State or Province of Residence:: RI  
Country of Residence:: U.S.A.  
Citizenship Country:: Germany

Inventor Three Given Name:: Michael J.  
Family Name:: LYSAGHT  
Postal Address Line One::  
City::  
State or Province::  
Country::  
Postal or Zip Code::  
City of Residence::  
State or Province of Residence::  
Country of Residence::

---

Application Data Sheet Form

---

Citizenship Country:: United States of America

**Correspondence Information**

Name Line One:: Tani Chen, Sc.D.  
Name Line Two:: Wolf, Greenfield & Sacks, P.C.  
Address Line One: 600 Atlantic Avenue  
City:: Boston  
State or Province:: MA  
Country:: U.S.A.  
Postal or Zip Code:: 02210  
Telephone One:: (617) 720-3500  
Telephone Two:: (617) 573-7814  
Fax Number: (617) 720-2441  
Electronic Mail:: tchen@wolfgreenfield.com

**Application Information**

Title Line One:: SYSTEMS AND METHODS RELATED TO  
Title Line Two:: DEGRADATION OF UREMIC TOXINS  
Total Drawing Sheets:: 11  
Formal Drawings?:: No  
Claims:: 98  
Application Type:: Utility  
Docket Number:: B0877.70025US00  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Contract or Grant Numbers Two::  
Secrecy Order in Patent Appl.?::

**Representative Information**

Representative Customer Number:: 23628

**Continuity Information**

This application is a:: Non-provisional patent application.

---

Application Data Sheet Form

---

>Application One:: Not yet assigned  
Filing Date:: Herewith  
Patent Number::

which is a:: Non-provisional application

**Assignee Information:**

Assignee name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Postal or Zip Code of mailing address::